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| In re Application of Dale B. Schenk Application Number 09/724,567 Filed November 28, 2000 For PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE Group Art Unit Examiner Christopher Nichols REC This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired): One month (37 CFR 1.17(a)(1)) \$ Two months (37 CFR 1.17(a)(2)) \$ Three months (37 CFR 1.17(a)(3)) \$930 Four months (37 CFR 1.17(a)(4)) \$ Five months (37 CFR 1.17(a)(5)) \$ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Denosit Account |] | TENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Optional) 015270-005911US | | | PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136 | | |
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| The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430. I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | ay be required, /96). | to charge fees in this ge any fees which ma Number 20-1430. e 37 CFR 3.71 sed. (Form PTO/SB/ | orm PTO-2038 is atta eady been authorized count. by authorized to charg to Deposit Account the copy of this sheet. the entire interest. Se CFR 3.73(b) is enclosed. ord. ord. ord. ord. ord. ord. ord. or | yment by credit card. For a Commissioner has alrest plication to a Deposit Acte Commissioner is hereby credit any overpayment have enclosed a duplicate applicant/inventor. assignee of record of the Statement under 37 attorney or agent of record attorney or agent under Registration number if actions. | Paym The C applic The C or cr I hav I am the al ar ar | |
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| Date Signature | | Signature | | • | Date | | |
| Anina D. Murphy, Reg. No. 51,049 Typed or printed name | - | | Anina D. N | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. Total of 1 forms are submitted. |] | e(s) are required. Submit multiple | erest or their representative | | one signature is required, see | forms if more than on | |

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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